

SUMMARY OF MEDICAL EDUCATION STUDY FINAL REPORT

Presented to:
**IDAHO LEGISLATURE
MEDICAL EDUCATION INTERIM COMMITTEE**

Presented by:
J. KENT CARUTHERS

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Originally Presented to:
IDAHO STATE BOARD OF EDUCATION

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PROJECT BACKGROUND





PROJECT OBJECTIVES

- Analyze the future need for medical doctors in Idaho
- Analyze the feasibility of offering a four-year medical degree in Idaho
 - Distributive model
 - Alternative delivery models
- Analyze costs and benefits of each model



PROJECT APPROACH

- Mobilized highly experienced project team
- Visited campuses of UI, BSU, and ISU
- Conducted approximately 200 interviews
- Extracted and analyzed data from national and institutional sources
- Completed project within ten-week period (August 23 – November 1)

MEDICAL EDUCATION PIPELINE

Component:

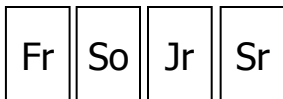
**Baccalaureate
Education**

**Undergraduate
Medical
Education**

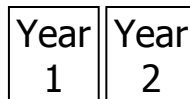
**Graduate
Medical
Education**

Activity:

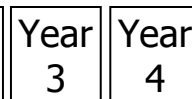
Pre-Med



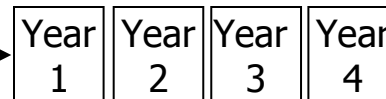
Basic
Sciences



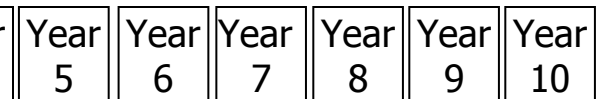
Clinical
Sciences



Residency
(varies from 3-5 years)



Fellowship
(varies from 1-4 years)



Credential:

BA/BS
Degree

M.D.
Degree

Primary Care
Family Medicine
General Internal Medicine
General Pediatrics

Board
Certification



SNAPSHOT OF U.S. MEDICAL EDUCATION

- 126 allopathic (M.D.) medical schools
 - Enrollment ranges from 43 to 324 entrants per year
 - Median size of entering class is 140
 - 16 of the 22 newest schools are based on distributive model
- 25 osteopathic (D.O.) medical schools
 - Enrollment ranges from 83 to 321 entrants per year
 - Median size of entering class is 166
- Record number of applicants for Fall 2007 class



SNAPSHOT OF GRADUATE MEDICAL EDUCATION (RESIDENCY TRAINING)

- Program sponsors include
 - Hospitals
 - Medical schools
 - Veterans Administration
 - Community organizations
- 103,367 residents in 2005
 - 28,149 international medical graduates
 - 38,207 first-year seats



IDAHO RESOURCES FOR MEDICAL EDUCATION

- State universities – pre-med programs, faculty active in biomedical research
- Contracted programs – 28 new seats per year in M.D. programs
- Residency programs - 16 new seats per year
- Physicians, professionals, and medical centers



ANALYSIS OF NEED FOR EXPANDED ACCESS TO MEDICAL EDUCATION





NATIONAL NEED FOR PHYSICIANS

There is growing recognition of a national shortage of physicians.

- Only one new allopathic school in 19 years
- Population growth of 23% over the same period
 - Grads will soon only equal retirements
- Aging population with disproportionate medical needs
- Medical advances lead to demand for more procedures
- AAMC goal to expand seats by 30%



IDAHO'S NEED FOR PHYSICIANS

There is broader agreement on the need for better medical access than on the best response.

- Strong Consensus
 - Need to improve student access
 - Need for expanded residency training
- General Agreement
 - Need for more physicians
 - Need for greater physician access in rural areas
 - Need for particular medical specialties
- Diverse Opinions
 - Best solution to respond to needs

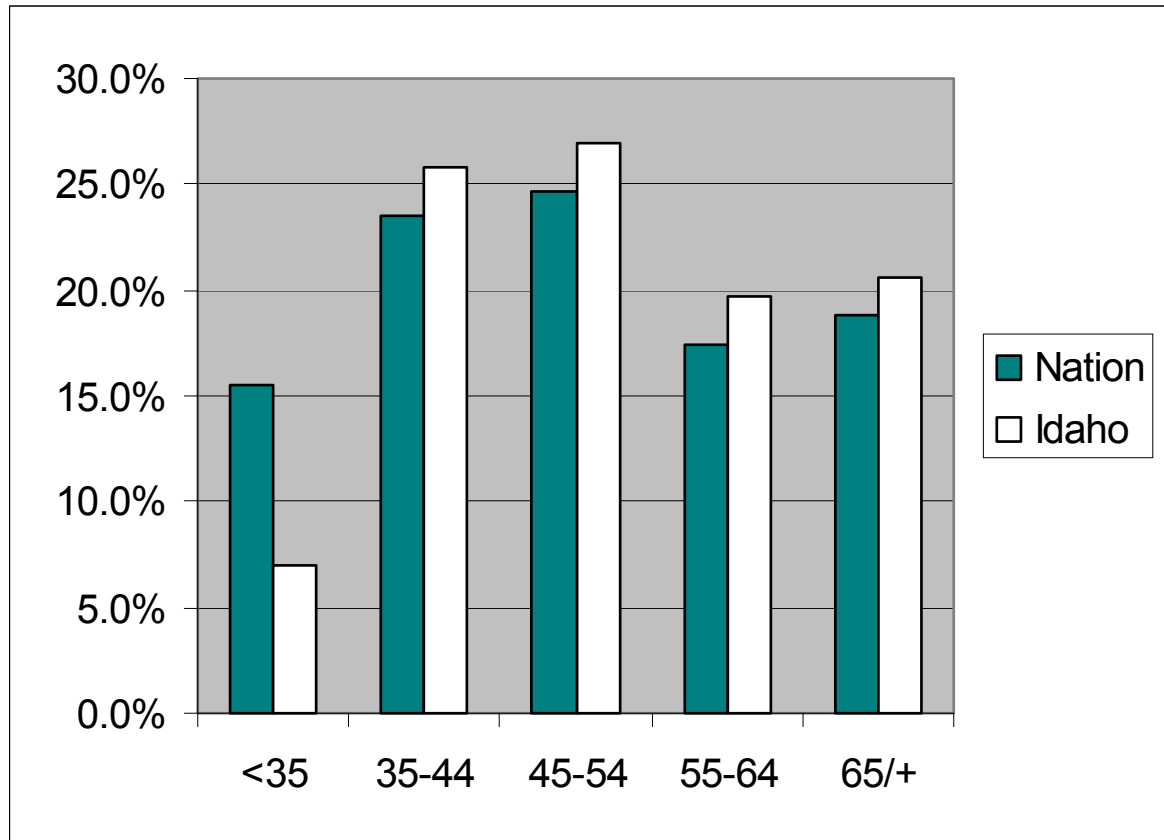
IDAHO'S NEED FOR PHYSICIANS

Idaho trails the nation and similar states in physicians per capita.

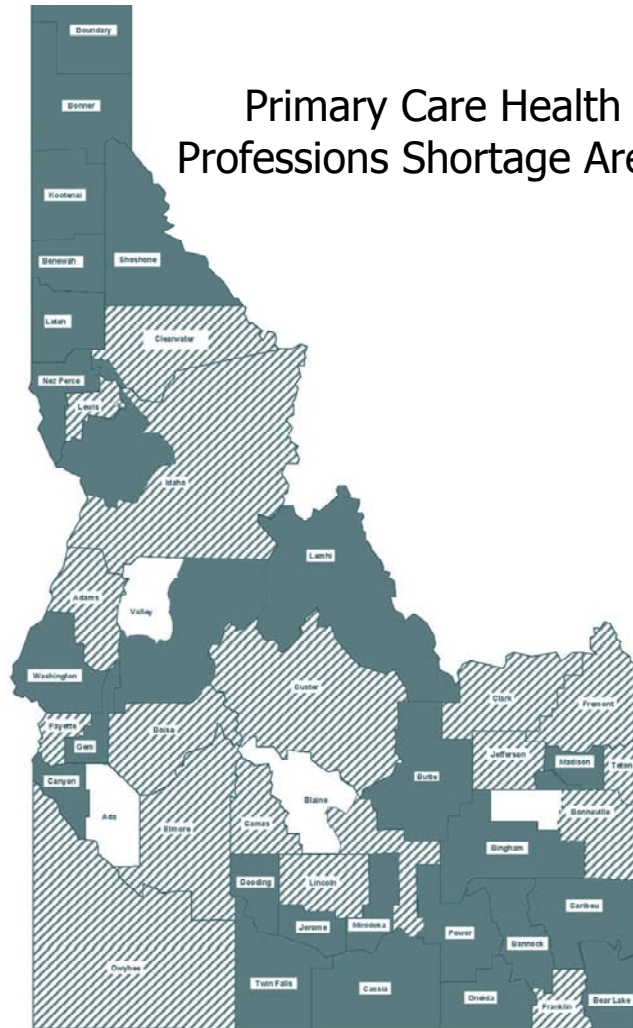
Comparators	Active physicians per 100K population	Idaho's rank
Idaho	162	-
National average	239	50th of 51
National median	224	50th of 51
Mountain state average	195	8th of 8
Northwest state average	214	8th of 8
Small population state average	237	8th of 8

IDAHO'S NEED FOR PHYSICIANS



Idaho's physicians are relatively older than average.



IDAHO'S NEED FOR PHYSICIANS

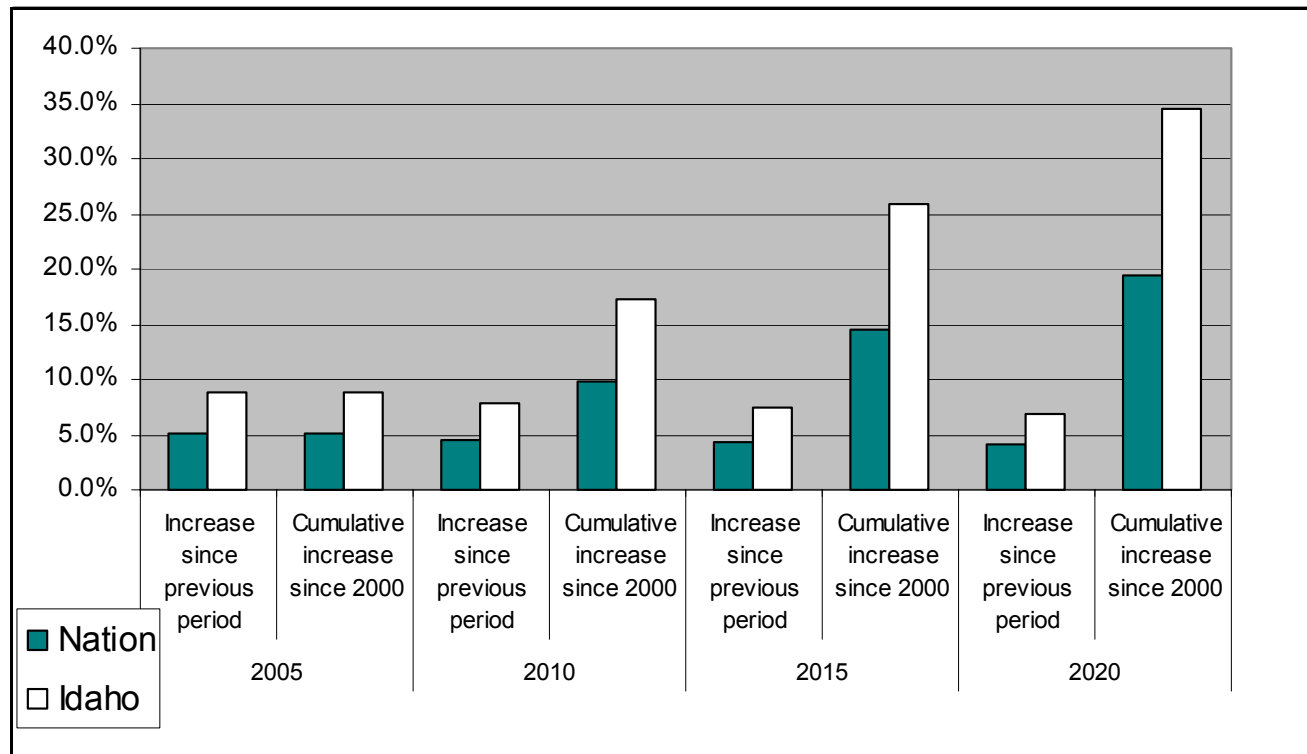


Many Idaho counties are designated as Health Professions Shortage Areas.

-  Geographic HPSA
-  Population Group HPSA

IDAHO'S NEED FOR PHYSICIANS

Idaho is among the fastest growing states.





IDAHO'S NEED FOR PHYSICIANS

Idaho's population growth will strain access to physicians.

- Population is expected to increase by 35% between 2000 and 2020
 - Nearly twice the national average growth rate
- Population ages 65 & over is projected to increase by 85%
- Competition for physicians with other states will increase as national shortage develops

IDAHO'S NEED FOR MEDICAL SCHOOL EDUCATION OPPORTUNITY

**Idaho trails the nation and similar states
in medical school seats per capita.**

Comparators	1st-year seats per 100K population	Idaho's rank
Idaho	1.82	-
National average	5.65	48th of 51
National median	5.23	48th of 51
Mountain state average	2.69	8th of 8
Northwest state average	3.85	8th of 8
Small population state average	6.65	7th of 8

Note: Idaho data based on contracted seats at UW/UU



IDAHO'S NEED FOR MEDICAL SCHOOL EDUCATION OPPORTUNITY

Idaho appears to have the critical mass to support its own medical school.

- Idaho is the largest state without a medical school
 - Seven states smaller than Idaho have medical schools
 - Four of the seven states have state-sponsored schools
- Idaho has a significant number of residents apply to medical school
 - Idaho ranks near the bottom in proportion of applicants who matriculate
 - Idaho's medical school applicants are better qualified than average
- Idaho has a well developed medical care system



IDAHO'S NEED FOR MEDICAL SCHOOL EDUCATION OPPORTUNITY

Medical schools are a critical factor in building the state's physician workforce.

- 47% of public medical school graduates practice in-state
- 47% of medical residents remain in state to practice
- 66% of combined graduates/residents practice in-state
- 43% of Idaho students in WWAMI return to practice
- 35% of Idaho students at Utah medical school return to practice (estimated by UU)

IDAHO'S NEED FOR GRADUATE MEDICAL EDUCATION OPPORTUNITY

Idaho trails the nation and similar states in residency program seats per capita.

Comparators	1st-year seats per 100K population	Idaho's rank
Idaho	1.16	-
National average	12.19	50th of 51
National median	9.24	50th of 51
Mountain state average	7.05	7th of 8
Northwest state average	6.98	7th of 8
Small population state average	10.61	8th of 8

IDAHO'S NEED FOR GRADUATE MEDICAL EDUCATION OPPORTUNITY

Idaho does not have GME programs in all core specialties.

Benchmark	Number of Accredited Programs	Programs in Core Clinical Specialties			
		Family Medicine	Internal Medicine	Obstetrics/ Gynecology	Pediatrics
Idaho	4	3	0	0	0
National Average	167	9	8	5	4
Mountain State Average	46	4	2	1	1
Northwest State Average	42	5	2	1	1
Small Population State Average	43	3	2	1	1



IDAHO'S OPPORTUNITY TO EXPAND ITS HEALTH-RELATED ECONOMIC SECTOR

The healthcare sector is the second most rapidly growing component of the national economy.

- Idaho's healthcare sector is underperforming
 - Ranks 35th among states in share of state GDP
 - Likely explanation – dollars are leaving the state
- Investments in medical education pay strong dividends
 - Significant expansion in R&D funding
 - Creation of new jobs
 - Increase of tax revenue



CONCLUSIONS ABOUT NEEDS

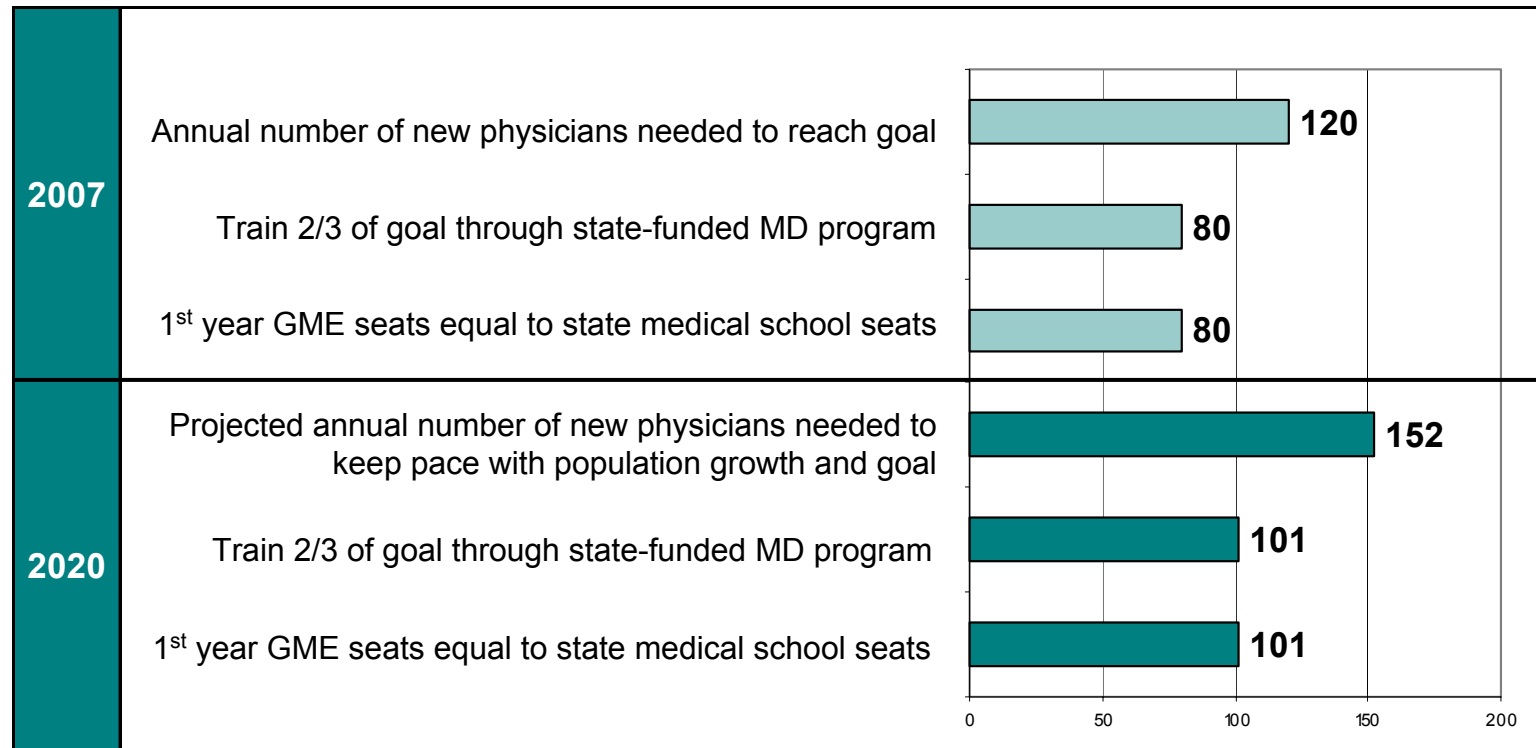
Idaho is near the bottom on key measures of physician access and student opportunity.

- Idaho ranks next to last in active physicians per capita
- Idaho ranks 48th in medical school seats per capita
- Idaho ranks next to last in GME seats per capita
- Idaho's rapid population growth will likely cause access and opportunity to further erode

The impact – Idaho's citizens face increasing difficulty in gaining access to medical care.

POTENTIAL STATE GOALS

Modest assumptions about potential state medical workforce goals indicate a need for major expansion of medical education.





OPPORTUNITIES FOR EXPANDING ACCESS TO MEDICAL EDUCATION





ALTERNATIVES FOR PROVIDING MEDICAL EDUCATION

- New university-operated distributive medical school
- Expansion of package of contracted programs
- New joint medical school based on existing resources
- Expansion of graduate medical education programs



CRITERIA FOR ASSESSING ALTERNATIVES

- Impact on student opportunity
- Impact on physician workforce
- Challenges of gaining accreditation
- Time required for full implementation
- Start-up investment required
- Annual operating support required
- Economic impact on state



ASSESSMENT OF NEW UNIVERSITY-OPERATED DISTRIBUTIVE MEDICAL SCHOOL

- Advantages
 - Can handle greatest number of students
 - Should have strong impact on workforce
 - Should have significant economic impact
- Disadvantages
 - Requires greatest capital investment
 - Requires relatively long time to implement



ASSESSMENT OF EXPANSION PACKAGE OF CONTRACT PROGRAMS

- Advantages
 - Requires modest capital investment
 - Requires relatively short time to implement
- Disadvantages
 - Has limited capacity for enrollment growth
 - Likely to have least impact on workforce
 - Likely to have least economic impact



ASSESSMENT OF NEW JOINT MEDICAL SCHOOL BASED ON EXISTING RESOURCES

- Advantages
 - Can handle greatest number of students
 - Should have strong impact on workforce
 - Should have significant economic impact
- Disadvantages
 - Requires significant capital investment
 - Requires most time to implement
 - Likely to encounter most accreditation challenges



ASSESSMENT OF EXPANSION OF GRADUATE MEDICAL EDUCATION PROGRAMS

- Advantages
 - Has most direct impact on workforce
 - Would be relatively inexpensive to implement
 - Requires relatively short time to implement
 - Should have greatest economic impact if integrated with M.D. program
- Disadvantages
 - Does not provide opportunity for Idaho students to start medical education

SUMMARY OF OPPORTUNITIES

Characteristic	Current Programs	New Distributive Model	Expanded Contract Programs	New Joint Medical School	Expanded GME Programs
<i>M.D. Programs</i>					
Number of Students per Class	28	80-100	60	80-100	n.a.
Total Number of Medical Students	106-112	320-400	240	320-400	n.a.
Annual Appropriations and Tuition (per student per year)	\$55-\$66K	\$65-85K	\$65-70K	\$65-85K	n.a.
Start-Up Operating Support	n.a.	\$10-20 million	\$5 million	\$10-20 million	n.a.
Start-Up Capital Investment	n.a.	\$60-75 million	\$1 million	\$60-75 million	n.a.
<i>GME Programs</i>					
Number of 1st-Year Medical Residents	17	n.a.	n.a.	n.a.	80-100
Total Number of Medical Residents	49	n.a.	n.a.	n.a.	320-400
Annual Appropriations	\$1.5 million	n.a.	n.a.	n.a.	\$10-12 million
Start-Up Investment	n.a.	n.a.	n.a.	n.a.	\$8-10 million
<i>Access to Physicians</i>					
Impact on State Physician Workforce	Less Than Half Graduates Return	Greater Impact	Similar to Current Impact	Greater Impact	Greatest Impact
<i>Economic Impact</i>					
Potential Growth in State Economy	Minimal Current Impact	Greatest Impact	Least Impact	Greater Impact	Greatest if Integrated with M.D. Program



CLOSING COMMENTS

- Idaho has been fortunate to have opportunities at UW and UU to provide access to medical education
- Idaho needs to significantly expand both undergraduate and graduate medical education opportunities
- Idaho needs a medical education strategy that
 - Provides greater control over the numbers and types of students admitted
 - Takes advantage of past investments

DISCUSSION

